

**CARTERET COUNTY PLANNING AND DEVELOPMENT DEPARTMENT**  
**APPLICATION FOR BUILDING PERMIT**  
Courthouse Square ♦ Beaufort, N.C. 28516-1898  
Main Office (252) 728-8545 ♦ Western Office (252) 222-5833

PARCEL ID #: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-Mail \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ E-Mail \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

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EXISTING STRUCTURES: **YES / NO** \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

CAMA PERMIT **YES / NO** # \_\_\_\_\_ HEATED SF: \_\_\_\_\_ UNHEATED SF: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_ OCCUPANCY TYPE: \_\_\_\_\_

COST/VALUE: \$ \_\_\_\_\_ MANUFACTURED HOME (ZONE: \_\_\_\_\_) EXPOSURE D: **YES / NO**

NEW SEPTIC: **YES / NO** NEW WELL: **YES / NO** PUBLIC WATER AVAILABLE: **YES / NO** #OF BED / BATHROOMS \_\_\_\_ / \_\_\_\_

GAS: **YES / NO** IF YES, HOW MANY APPLIANCES: \_\_\_\_\_

OPERATIONS PERMIT # / AUTH. TO CONSTRUCT #: \_\_\_\_\_

CONDITIONED CRAWLSPACE: **YES / NO** SQUARE FOOTAGE OF AREA TO BE ENCLOSED \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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OWNER / AGENT SIGNATURE: \_\_\_\_\_

***FOR OFFICIAL USE ONLY***

CASE / PERMIT # \_\_\_\_\_

COMM NO.	PANEL NO.	SUFFIX	DATE OF FIRM	FIRM ZONE	BASE FLOOD ELEV.	ELEV. CERT. REQ. YES / NO	BASE FLOOD ELEV. REQ. *
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50' BUFFER REQUIRED: **YES / NO** PUBLIC WATER REQUIRED: **YES / NO** DECO: **YES / NO**

JURISDICTION: \_\_\_\_\_ ZONING: \_\_\_\_\_ MAX BLDG HT: \_\_\_\_\_

SETBACKS: PRINCIPAL STRUCTURE: \_\_\_\_\_ FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDE \_\_\_\_\_ SIDE ON CORNER

ACCESSORY STRUCTURE: \_\_\_\_\_ FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDE \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ NO. OF REQ. PARKING SPACES: \_\_\_\_\_

SIGN REQUIREMENTS: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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☐ Bogue      ☐ Cedar Point      ☐ County      ☐ Indian Beach      ☐ Peletier

The applicant has certified that the information shown on the application, plans and specifications is correct and true to his/her knowledge. All work performed shall comply with the North Carolina State Building Code, Flood Damage Prevention Ordinance of Carteret County and all other regulations, rules and ordinances as applicable. Misinformation, lack of information, or statements made in error could result in revocation of all permits and subject the owner/agent to litigation in the process.

**PLANNING & INSPECTIONS DEPARTMENT  
CARTERET COUNTY, NORTH CAROLINA**

DATE: \_\_\_\_\_  
PIN: \_\_\_\_\_  
APPLICANT: \_\_\_\_\_

- Show property lines with dimensions
- Show proposed structure with approximate dimensions
- Show any other existing structures on property
- Label distance to all property lines from proposed structure
- Label road, front, rear, and sides

**DRAW PLOT PLAN BELOW**

A large rectangular grid consisting of 20 columns and 20 rows of small squares, intended for drawing a plot plan.

\_\_\_\_\_  
APPLICANT / OWNER

\_\_\_\_\_  
ZONING OFFICIAL INITIALS

Date: \_\_\_\_\_ Case / Permit#: \_\_\_\_\_

**Carteret County Department of Planning & Development**

Property Owner / Agent Name: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

The subcontractors listed below will be responsible for performing the trade in which they are currently licensed at the above site address.

<u>Trade</u>	<u>Business Name</u>	<u>License #</u>	<u>Representative Signature</u>
<b>Building</b>	_____	_____	_____
E-Mail	_____		
<b>Electrical</b>	_____	_____	_____
E-Mail	_____		
<b>Mechanical</b>	_____	_____	_____
E-Mail	_____		
<b>Plumbing</b>	_____	_____	_____
E-Mail	_____		
<b>Insulation</b>	_____	_____	_____
E-Mail	_____		
<b>MH Set-up</b>	_____	_____	_____
E-Mail	_____		



**AFFIDAVIT OF WORKER'S COMPENSATION COVERAGE**  
**N.C.G.S. §87.14**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

\_\_\_\_\_ Contractor

\_\_\_\_\_ Owner

\_\_\_\_\_ Officer/Agent of the Contractor or Owner

Do hereby aver under penalties of perjury that the person(s), or corporation(s) performing the work setforth in the permit:

\_\_\_\_\_ has/have three (3) or more employees and have obtained worker's compensation insurance to cover them,

\_\_\_\_\_ has/have one or more subcontractor(s) who have obtained worker's compensation insurance covering them,

\_\_\_\_\_ has/have one or more subcontractor(s) who has/have their own policy or worker's compensation covering themselves,

\_\_\_\_\_ has/have not more than two (2) employees and no subcontractors

While working on the project for which this permit is sought, it is understood that the Inspections Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_